



ANNUAL REPORT INERT WASTE LANDFILL

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:	FACILITY ID:
FACILITY LOCATION (street address):	COUNTY:		
FACILITY CONTACT:	FACILITY PHONE:		
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	FACILITY CONTACT EMAIL:	
<p>Did you operate in _____?</p> <p><input type="checkbox"/> Yes If yes, proceed to next section and complete the form.</p> <p><input type="checkbox"/> No If no, answer the following questions, sign and date the last page, and submit. This completes your reporting obligations.</p> <p>When did you stop operations? _____</p> <p>Do you plan to restart? <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____</p>			
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (report in tons):			
Inert waste as listed in WAC 173-350-990 (2):	AMOUNT DISPOSED (In tons)		
<input type="checkbox"/> Cured concrete			
<input type="checkbox"/> Asphaltic materials (does not include roofing)			
<input type="checkbox"/> Brick and masonry			
<input type="checkbox"/> Ceramic materials			
<input type="checkbox"/> Glass			
<input type="checkbox"/> Stainless steel			
<input type="checkbox"/> Aluminum			
Waste meeting inert criteria per WAC 173-350-990 (3) (specify):			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total			

Remaining permitted capacity: _____ <input type="checkbox"/> tons or <input type="checkbox"/> cubic yards			
Based on your permit and current rate of waste disposal, years of remaining life for facility: _____			
Estimated date of closure: _____			
Are you planning an expansion this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available):	
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____			
Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____			
Planned start date: _____			
DID YOU RECEIVE MATERIALS FOR DISPOSAL FROM:	WHERE FROM	TYPE OF WASTE	AMOUNT <input type="checkbox"/> Tons or <input type="checkbox"/> Cubic Yards
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING

AMOUNTS AND TYPES OF MATERIALS COLLECTED FOR RECYCLING OR COMPOSTING

PLEASE CHECK IF RECEIVED FOR <u>RECYCLING or COMPOSTING</u>	COMMERCIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	RESIDENTIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	TOTAL AMOUNT RECEIVED Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year
<input type="checkbox"/> Newspaper			
<input type="checkbox"/> Corrugated Paper			
<input type="checkbox"/> Mixed Waste Paper			
<input type="checkbox"/> Container Glass			
<input type="checkbox"/> PET Plastics			
<input type="checkbox"/> HDPE Plastics			
<input type="checkbox"/> LDPE Plastics			
<input type="checkbox"/> Other Recyclable Plastics			
<input type="checkbox"/> Aluminum Cans			
<input type="checkbox"/> Tin Cans			
<input type="checkbox"/> Ferrous Metals (iron, steel)			
<input type="checkbox"/> Nonferrous Metals (excluding aluminum cans)			
<input type="checkbox"/> Appliances (white goods)			
<input type="checkbox"/> Electronics (computers, CPUs, hard drives)			
<input type="checkbox"/> Electronics (monitors, TVs)			
<input type="checkbox"/> Tires (collected)			
<input type="checkbox"/> Asphalt			
<input type="checkbox"/> Concrete			
<input type="checkbox"/> Construction/Demolition			
<input type="checkbox"/> Wood Waste			
<input type="checkbox"/> Landclearing Debris			
<input type="checkbox"/> Yard Debris			
<input type="checkbox"/> Food/Food Scraps			
<input type="checkbox"/> Textiles (rags, clothing)			
<input type="checkbox"/> Co-Mingled Recyclables (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
Total Collected for Recycling			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING			
DESTINATION AND FINAL USE OF OUTGOING MATERIALS COLLECTED FOR RECYCLING OR COMPOSTING			
MATERIAL	OUTGOING AMOUNT <small>Please specify tons or cubic yards.</small>	DESTINATION FACILITY <small>Please specify name, city, state.</small>	FINAL USE <small>Please specify: disposed, recycled, reused, composted, treated, burned for energy, stockpiled, etc.</small>
PREPARED BY:		DATE:	PHONE:
EMAIL:			

*If you need this publication in another format, please call the Waste 2 Resources Program at 360-407-6900.
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*